Discussion Response

Name

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Course

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In this case study, the patient reported to the hospital with injuries resulting from a recent fall. Her symptoms included forehead and elbow lacerations, neck pain, numbness, tingling and weakness in her extremities. CT scan of the head and neck revealed that she had left anterior and posterior C-1 arch fracture as well as a medial and minor occipital condyle fracture. Apart from these fractures, it was determined that the patient could also have traumatic brain injury or concussion. The subjective and objective data was obtained accordingly using the SOAP format, which ensured that the examination and evaluation was comprehensive and provides clear documentation that will facilitate on-going clinical care. For this reason, the patient care plan included an aspen collar for 12 weeks to help immobilize and stabilize the fractured joints as well as strict monitoring for neurological symptoms of TBI and concussion (Maschmann et al., 2019). After discharge, follow up was scheduled to take place after two weeks in order to monitor CNS effects with c-spine injury and check for and worsening or new symptoms.

This plan is appropriate, considering that the patient is elderly (84 years old) and refused to undergo surgery. Despite studies proving that cervical spine fractures in the elderly treated with surgical fixation reduce mortality risk, other factors such as the patient’s quality of life need to be considered (Godat et al., 2018). Surgical fixation increases the risk of morbidity, which would reduce the patient’s quality of life. The patient’s autonomy should be upheld. Since she refused to consent to surgery, the aspen collar or halo were the alternatives. Since the patient has a history of falls as a result of dementia and tendency to not use the call light for help, recommendation for a private nurse would ensure the patient has company at all times to mitigate the risk.

**References**

Godat, L.N., Kobayashi, L.M., Chang, D.C., & Coimbra, R. (2018). Improving life expectancy: A ‘broken neck’ doesn’t have to be a terminal diagnosis for the elderly. *Trauma Surgery and Acute Care Open, 2018*(3), 1-6. <https://doi.org/10.1136/tsaco-2018-000174>

Maschmann, C., Jeppesen, E., Rubinand, M.A., & Barfod, C. (2019). New Clinical guidelines on the spinal stabilization of adult trauma patients- Consensus and evidence based. *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine, 27*(77), 1-10. <https://doi.org/10.1186/s13049-019-0655-x>